

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  
**10726951**  
APPLICANT(S)

FILED DATE  
**12-02-03**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14		1				
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21	1					
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23	1					
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37		1				
38		1				
39	1					
40		1				
41	1					
42	1					
43		1				
44		1				
45		1				
46		1				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.	11					
TOTAL DEP.	37					
TOTAL CLAIMS	48					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
53								
54								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								